OKLAHOMA DEPARTMENT OF CORRECTIONS AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION RELEASE OF PSYCHIATRIC/PSYCHOLOGICAL RECORDS

(INTENDED ONLY FOR RELEASING PSYCHIATRIC/PSYCHOLOGICAL RECORDS)

When releasing Protected Health Information, DOC Form 140108A must be completed and attached with this form in order for the authorization to be complete.

Offender's Name	DOC Number	Birthdate	Social Security Number
Treatment Date(s):			
I. ATTORNEY, A THIRD PARTY PAYOR, OR A GOVERNMENTAL ENTITY			
OKLAHOMA TITLE 43A, SECTION 1-109 (D) PROVIDE ALCOHOL OR SUBSTANCE ABUSE TREATMENT INFAUTHORIZATION OR A VALID COURT ORDER ISSUE OF THIS SECTION, A SUBPOENA BY ITSELF IS NOT AND ALCOHOL OR SUBSTANCE ABUSE TREATMENT	FORMATION MAY N D BY A COURT OF SUFFICIENT TO AL	OT BE DISCLOSED COMPETENT JURIS	WITHOUT VALID PATIENT SDICTION. FOR PURPOSES
II. OFFENDER ACCESS TO PSYCHIATRIC/PSYCHOLOGICAL RECORDS			
The execution of an authorization shall not be const information, unless the treating physician or practiti jurisdiction is provided. Any violation will be reported	oner signs the follo	wing or an order fr	
45 C.F.R. § 164.524 PROVIDES IN PART, "A COVICOVERED HEALTH CARE PROVDER ACTING UNDEDENY, IN WHOLE OR IN PART, AN OFFENDER INFORMATION, IF OBTAINING SUCH COPY WOULD REHABILITATION OF THE INDIVIDUAL OR OF OTHE OR OTHER PERSON AT THE CORRECTIONAL INSOFFENDER."	ER THE DIRECTION 'S REQUEST TO (JEOPARDIZE THE R OFFENDERS, OR	OF THE CORREC DBTAIN A COPY HEALTH, SAFETY, THE SAFETY OF A	TIONAL INSTITUTION MAY OF PROTECTED HEALTH SECURITY, CUSTODY, OR ANY OFFICER, EMPLOYEE
OKLAHOMA TITLE 43A § 1-109 B. PROVIDES IN P PHYSICIAN, PSYCHOTHERAPIST, MENTAL HEALTH OR SERVICE, OTHER AGENCY FOR THE PURPOSE TREATMENT SHALL BE ENTITLED TO PERSONAL AC ABUSE TREATMENT INFORMATION, EXCEPT THE FO	FACILITY, A DRUG OF MENTAL HEALT CCESS TO HIS OR H	OR ALCOHOL ABU H OR DRUG OR AL	JSE TREATMENT FACILITY COHOL ABUSE CARE AND
"INFORMATION THE PERSON IN CHARGE OF THE REASONABLY LIKELY TO ENDANGER THE LIFE OF AND/OR "INFORMATION REQUESTED BY AN OFFE MAY JEOPARDIZE THE HEALTH, SAFETY, SECURITY PERSON."	R PHYSICAL SAFET NDER THAT A COR	Y OF THE PATIEN RECTIONAL INSTI	T OR ANOTHER PERSON' FUTION HAS DETERMINED
Signature of attorney, a third party payor or a government	tal entity		Date
The offender may have access to his/her psychiatric/psyc	chological records: (C	Check One)	
	19 111 11111111 (9	·,	
o Yes o No			
O	-		5.1
Signature of Treating Physician/Practitioner	Facility		Date